

Congress of the United States
Washington, DC 20515

March 2, 2022

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy:

As Energy and Commerce Committee Members who support H.R. 5536, the Stabilizing Medicare Access to Rehabilitation and Therapy (SMART) Act, we write to respectfully request that this bill is included in the upcoming omnibus package. The SMART Act is aimed at protecting beneficiary access to therapy services by mitigating the impact of the 15 percent payment reduction for services furnished by physical therapist assistants (PTA) and occupational therapy assistants (OTA) under Medicare Part B that went into effect on January 1, 2022. Specifically, it would enact the following commonsense policies:

- Amend the current burdensome Medicare direct supervision regulatory requirements of therapy assistants in private practice settings;
- Suspend the payment differential to January 1, 2023; and
- Provide an exemption to the 15 percent payment differential for rural and underserved areas, which disproportionately rely on services provided by OTAs and PTAs.

The SMART Act supports therapy assistants, many of whom live and work in minority and rural communities, by aligning Medicare Part B supervision requirements with state law. Under current Medicare regulations, the level and frequency of therapy assistant supervision differs by setting and by state or locality. Medicare currently allows for general supervision for PTAs and OTAs in all settings except for private practice, which requires direct supervision. On the other hand, 44 states call for general supervision of PTAs and 49 states call for general supervision of OTAs in private practice settings. Given that therapists must abide by the more stringent requirement, whether from Medicare or their state, Medicare beneficiaries have less access to therapy services than the general population in almost every state. Amending the current Medicare Part B supervision requirements of OTAs and PTAs to align with state laws would help to better ensure continued patient access.

Furthermore, the rehabilitation therapy sector has yet to recover from the devastating impact of COVID-19 on patients and staff as they continue to provide services during the ongoing public health emergency. The SMART Act supports struggling communities by temporarily suspending the 15 percent payment differential until January 1, 2023, and it would permanently exempt rural and underserved areas from the differential policy. These small modifications to current policy would ensure access to therapy services for Medicare patients, especially those who live in diverse and underserved communities.

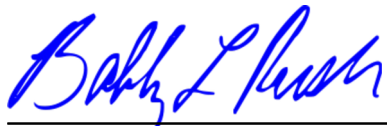
This is particularly important because rehabilitation therapy provides an alternative to opioids for dealing with acute and chronic pain. However, these treatment options depend on having a therapy workforce to furnish these services, which is often limited in rural and medically

underserved areas. Access to care in these areas often depends on the services provided by PTAs and OTAs. Unfortunately, the 15 percent Medicare Physician Fee Schedule payment differential for services furnished by these therapy assistants will have a significant and detrimental impact on the ability of therapy providers to continue to deliver care in these areas.

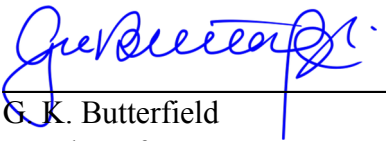
As such, we urge you to include the SMART Act — which would provide a commonsense fix to align Medicare Part B supervision requirements with state law and would help ensure continued patient access to valuable therapy services — in the upcoming omnibus package.

Thank you for considering this request. If you have questions, please do not hesitate to contact us.

Sincerely,



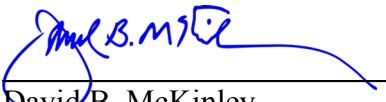
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Member of Congress



G. K. Butterfield
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